

5/10/16 QIC meeting

Present: John Behn (chariman), Kevin Webb (DCFS), Lori Savage (DCFS), Laurie Molinar (Head Start) , Kobi Prettyman (UFC), Patsy Buchmiller DOH-FHC, Liz Fergusen (community member), Bobby Brady (Head start) Marny Maxwell (program administrator for intake), Rhonda Peterson, (Carbon County)

Absent: , Bob Wells, Josie Luke, Rick O'hearon

Welcome: Welcome Marnie.

Intake and Prevention with families: John has talked with Marnie about some of the question the committee has had regarding intake. Intake went to centralized 5 years ago. They are open 24/7 365 days of the year. They take about 5000 phone calls per month in addition to 800 police reports per month. The goal is to create some consistency regarding the referrals being made. Once a call comes in they take the information and staff with a supervisor. The allegations are defined by state law and they use that information to determine if a case is opened. If the case does not rise to that level then they document in into the system. All referrals are kept for 50 years even on unaccepted referrals. The region can access to look at unaccepted referrals at any time. If these are reviewed and disagreed with, then they are supposed to let intake know if they disagree with a decision. Lori distributes the report weekly to the regional staff. When looking at prevention work, the intake worker is supposed to be giving resource information to people over the phone. They often refer to 211, which is a referral program through-out the state. Using an assessment track is difficult because the Division has to have the right to go to someone's home. So it becomes difficult to approach the family and the family would need to be requesting the assistance. Most often they see this with families with teenagers who are wanting help and they referrer them for services. But it is not something that happens often.

If intake gets a referral that does not rise to the level of the allegations, they can contact the local office and have them send someone out and see if the family would work with them voluntarily.

How successful is the centralized intake? By having a non-bias person the families are treated more equally, but does allow the region to re-evaluate the cases if they recognize a family that needs services. The gap of accepted referral has been decreased to 10% across the state rather than the wide gap that was there prior to centralizing. Therefore they feel that they have done what they tried to accomplish. The Supervisors in this region are reviewing the reports and they have contacted intake back and asked for them to be reassessed. There is a report that shows is a family has had 5 or more referrals on them, then it is flagged. Due to that report they do sometimes accept referrals that they had prior accepted.

Intake does open the IHS case there if the referral does not rise to the level of a CPS case. What are ways that DCFS can become more of a resource to families and provide assistance even with a partnership with other agencies? Could there be a group of people that could help connect families with services. About 25-50% of calls come from relative of the families that are being called in for CPS. The division would not be able to provide a list of families to any type of group because of confidentiality.

Time frames for investigation: A priority 2 is when the child has visible injuries and potential to be re-victimized they have 24 hours for a worker to see the child. Everything else is priority 3 which is 3 business days of the referral coming in.

Some areas have peer parent advocate, some areas have system of care. System of care have coordinators, and wrap around teams. As part of that there are peer parent supporters. There is discussion that this will be coming to our region about September. This is coming down from the DHS so all agencies should be part of that. Could the family support center have some part of the support agency. They also have a parent advocate. Some of the services are already in the community; the question is how to access the services for the families and have that coordination between DCFS and the other agencies.

Schools are a major area that interact with the families but yet they seem to be very minimally involved. There has historically been a gap between schools and needs in the community for involvement. Some schools have advocated and have the teachers/ advocates meet with the families and gain an understanding of the children and their families. Schools in San Juan county are hiring social workers separate from school counselors to assist families. The idea is much in line with homeworks where we are asking a community to surround the families and help them. In two recent studies locally 1/3 of the students are in homes that have families in crisis in some way. The risks continue to increase rather than decrease. Are schools a place to provide resources to families. It is difficult to get parents to come to things, maybe trying to do this during activities for fun at the school such as carnivals or family weeks.

We need to think about what is the best way to get information out to the families. Could a group of volunteers somehow decrease the number of cases DCFS sees? Could resources be presented at back to school nights in the local schools? Does DCFS have a problem getting teachers involved in team meetings? Where is the break down in the lack of involvement in these cases? Could CWA program managers reach out to the schools in Monday meetings? What happens when a parent does not want school personnel at the meetings? Teachers should be invited to the meetings especially if there are educational issues. Schools have personnel identified as LGBT individuals that youth/children can go to if they are having concerns/issues related to that. Can teachers be referents to services? Should we invite superintendents to this meeting? John will invite both Carbon and Emery County to the July meeting on the 12th.

The next meeting is June 7th. We will be reviewing nominations for employee of the quarter. Expanding the meeting to other areas of the region was discussed; decided how this might work most effectively is still the issue. Kevin will talk to the regional administration regarding this and see what they think of it. If this occurs the target start would be September. If we are going to change the date and time of meeting that should start by the September meeting.

Review and approval of the minutes from the April meeting: John asked that the committee review the minutes from the April meeting. The recording is turned off for this time.